

Missouri Division of Medical Services

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Approved Team/Sites for
Augmentative
Communication Bulletin

MC+ HEALTH PLANS

2002 HCPCS CHANGE

Provider Communications

(800) 392-0938

or

MC+ MANAGED CARE HEALTH PLANS

MC+ managed care health plans provide physician benefits to their enrollees. Coverage of physician services under MC+ managed care is the same as for fee-for-service.

Billing requirements outlined in this bulletin apply to services provided to MC+ and Medicaid recipients who receive their services on a fee-for-service basis.

Check with the MC+ managed care health plans for their billing requirements.

2002 HCPCS CHANGE

On July 16, 2002, Verizon updated the file to begin accepting the 2002 versions of the *Current Procedural Terminology* (CPT) and the *2002 Health Care Procedure Coding System* (HCPCS). The 2002 procedure codes have an effective date of July 1, 2002. Providers have a 60 day transition period to allow time to make the necessary changes. Providers may bill a 2001 code for a 2002 date of service until September 1, 2002. Claims for dates of service on or after September 1, 2002 must contain only those active procedure codes found in the

2002 CPT book (Level I codes) or the 2002 HCPCS book (Level II codes). Claims for dates of service prior to July 1, 2002 must contain only those procedure codes found in the 2001 CPT or HCPCS books.

Changes which occurred as a result of HCPCS updating were: procedure code deletions; replacement procedure codes; and the addition of new procedure codes.

A copy of the 2002 version of the *Current Procedural Terminology* and *2002 Health Care Procedure Coding System* may be purchased from your local medical book store.

The HCPCS conversion process replaces the code currently used for augmentative communication device training. The current Level III procedure code Y9851 is replaced with HCPCS procedure code G0198 (*Patient adaptation and training for use of speech generating devices*). The Maximum Allowed Amount will continue to be \$12.50/unit and continues to require a prior authorization (PA).

PA's approved for procedure code Y9851 prior to July 1, 2002 will remain active. PA's received after July 1, 2002 must contain the procedure codes found in the 2002 HCPCS. All PA requests for services with

beginning dates of service on or after July 1, 2002 must contain the procedure code G0198. The procedure code on the claim must match the code approved on the PA. For example, if a PA was approved with procedure code Y9851 for dates of service June 30, 2002 through December 30, 2002, all dates of service between June 30, 2002 and December 30, 2002 must be billed with Y9851.

Type of service '9' will continue to be used for therapy and rehabilitation centers for speech generating device training.

